

COMMUNITY LIVING SUPPORTS (CLS)

General Description:

Community Living Supports (CLS) provides daily support, supervision, training, and assistance for people to live as independently as possible in their private homes, apartments, or group homes. CLS can include up to 24-hour direct care but is generally 18-hours during the weekdays and 24-hours on weekends, holidays and vacations. The actual type, frequency and duration of direct care staff support is defined in the person's Individual Support Plan (ISP) and is based upon the assessed needs of the person. CLS is available to those who live alone or with roommates. CLS includes maintenance of the person's health and safety; and assistance with activities of daily living such as eating, bathing, and dressing. The following waiver services are included under this service code:

- Behavior Analysis Services
- Chore Services
- Companion Services
- Homemaker Services
- Personal Assistance
- Personal Budget Assistance
- Transportation

Persons are excluded from receiving the following waiver services while receiving funding for CLS:

- Host Home
- Family Training and Preparation Services
- Family and Individual Training and Preparation Services
- Professional Parent
- Supported Living

Persons receiving CLS are excluded from using the following service codes:

AFC, CLI, COM, HHS, PPS, SLH, SLN, SL1, BC1, BC2, BC3, CHA, CH1, DTP, HS1, HSQ, LKS, PAC, PAP, PAS, PBA, PEI, PEP, PER, RP1, RP2, RP3, RP4, RP5, RP6, RPS, TFA, TFB.

Behavioral program development must be provided by bachelor, masters or Ph.D. level Behavior Analysts. CLS is provided in a home-like environment, by an individual or an approved entity/agency in a group home, private home, or other approved residential setting other than a Nursing Facility (NF), Intermediate Care Facility for Individuals with Mental Retardation (ICF/MR), adult host home or professional parent home.

Population Served:

The Contractor will serve people currently receiving services from DHS/DSPD with acquired brain injury (ABI), as defined in Utah Administrative Code, Rule R539-1. [<http://rules.utah.gov/publicat/code/r539/r539.htm>]

Contractor's Qualifications and Other Responsibilities:

The Contractor must have all applicable licenses as prescribed in Utah Administrative Code, Rule R501 to operate and provide the particular type of services being offered and comply with insurance requirements and any local ordinances or permits governing the type of service provided.

The Contractor must be enrolled as an approved individual Medicaid Provider with the Utah Department of Health and agree to allow DHS/DSPD to bill Medicaid on its behalf for covered Medicaid services included in the rate paid by DHS/DSPD to the Contractor. Contractor must also agree to participate in any DHS/DSPD provided Medicaid training.

The Contractor shall be under DHS/DSPD contract to provide CLS and certified by DHS/DSPD.

The Contractor shall provide emergency procedures for fire and other disasters that require the development and posting of an evacuation plan for site based services and quarterly training on evacuation procedures and documentation of quarterly evacuation drills.

The Contractor shall disclose room and board charges and food stamps or other income not originating with DHS/DSPD.

The Contractor under license with DHS, Office of Licensing shall assure the presence of at least one staff trained by a certified instructor, in first aid and CPR on duty with persons at all times.

The Contractor shall assure the presence of staff at each licensed site that is responsible for supervision of the day-to-day operations of the site and for operation of the program.

Administrative Requirements

Policies and Procedures: The Contractor shall have established policies and procedures, a copy of which shall be maintained and readily accessible at each facility. These policies and procedures shall:

1. Establish the amount of time family or friends may stay as overnight guests;
2. Disclose board and room charges and food stamps or other income not originating with DHS/DSPD;
3. For residential providers, include emergency procedures for fire and other disasters that require the development and posting of an evacuation plan in each residential site, quarterly training on evacuation procedures and documentation of quarterly evacuation drills;
4. Govern the handling, storage, disposal and theft prevention of medication; and,
5. Provide procedures regarding the nutrition of the person.

Staff Qualifications:

Staff shall demonstrate competency in providing CLS services, as determined by the Contractor. In addition, all applicable education, and training shall be completed before performing any work for persons without supervision.

CLS staff shall be trained in the Staff Training Requirements as outlined in applicable General Requirements, Home and Community Based Waiver, rule, statute, and Contract.

Staff shall pass a Bureau of Criminal Identification (BCI) background check through the DHS, Office of Licensing and have a record of the BCI results in the staff record.

<http://rules.utah.gov/publicat/code/r501/r501-14.htm>

CLS staff shall be at least 18 years of age.

Specific Training Requirements

All direct care and direct care supervisory staff shall receive specific staff training that prepares them to perform the critical job functions for this service and orients them to the person being supported by this service. Training shall be conducted by qualified trainers with professional experience and knowledge in providing services and supports to persons with brain injury.

Staff shall complete and achieve competency in specific training areas one through eight within 30 days of employment or before working unsupervised with a person. Staff shall complete and achieve competency in training areas nine through 12 within six months of employment.

1. Medication competency:
 - a. Identification of common medications, their effects, purpose and side effects;
 - b. Identification of medications and medication side effects specific to the person;
 - c. Recording and documentation of self-administration of medications; and,
 - d. Training on commonly used medications including the reason and circumstance for administration, dose, and scheduling.
2. Recognition of illness or symptoms of health deterioration specific to the person.
3. Dietary issues specific to the person.
4. Critical health care issues specific to the person.
5. Swallowing and eating difficulties specific to the person.
6. Principles of age appropriate community inclusion and natural support development specific to the person.

7. Preferences and non-negotiable routines specific to the person.
8. Significant functional limitations and disabling conditions specific to the person.
9. Key elements of the Americans with Disabilities Act.
10. Person centered assessment and plan development.
11. How to develop and support the person's preferred recreational and leisure activities.
12. The Contractor and the Contractor's staff providing ABI services shall demonstrate competence or awareness in the following areas:
 - a. Effects of brain injuries on behavior;
 - b. Transitioning from hospitals to community support programs including available resources;
 - c. Functional impact of brain changing;
 - d. Health and medication;
 - e. Role of the direct care staff relating to the treatment and rehabilitation process;
 - f. Treatment plan and behavioral supports; and,
 - g. Awareness of the family's perspective on the brain Injury.

CLS staff shall pass a BCI background check through the DHS, Office of Licensing and have a record of the BCI results in the staff record (<http://rules.utah.gov/publicat/code/r501/r501-14.htm>).

CLS staff shall be at least 18 years old.

Direct Service Requirements:

- A. Person-Centered Planning: Contractor staff shall participate in and comply with the requirements of the DHS/DSPD Person-Centered Planning Process in providing services.
 1. The Contractor is responsible for implementing the applicable portion of the ISP's Action Plan (ISP/AP). The ISP document includes the Action Plan and Support Strategies, and may include a Behavior Support Plan, Psychotropic Med Plan, Staff Instruction sheet, data collection and/or Task Analysis sheet.
 2. Once the ISP/AP has been developed, the Contractor must orient the person to the plan and ensure the person is involved in its implementation.

3. The Contractor shall develop Support Strategies for the person. Contractor shall submit Support Strategies and Monthly Summaries to DHS/DSPD.
4. The Contractor, as a member of the person's team, is required to meet at least annually (within 12 months of the last Person-Centered Process meeting) to review the person's service/support requirements and to make adjustments as necessary based on the person's needs. However, it may meet more often as determined by the person or other members of the team.

B. Psychotropic Medications

1. Psychotropic Medications include any drug prescribed to stabilize or improve mood, mental status, or behavior.
2. For persons on psychotropic medications, the Contractor will complete a specific type of Support Strategy referred to as a Psychotropic Medication Plan that contains the following information:
 - a. Identification of the specific medication by its generic or brand name; the date which the medication was commenced on or is to be commenced, dosage, titration plans, and expected duration of medication, as determined by a qualified medical professional.
 - b. A statement of the psychiatric diagnosis or specific behavioral-pharmacological hypothesis for each medication prescribed. (If multiple medications are to be used, an explanation for the combination of medications will be stated.)
 - c. Identification of side effects to monitor. When antipsychotic medications are used, monitoring procedures may utilize standardized assessment instruments such as the Abnormal Involuntary Movement Scale (AIMS).
 - d. A statement of specific behaviors or symptoms targeted to assess advantages and disadvantages of the prescribed psychotropic medications.
 - e. Identification of other support and services that are available and would be useful in the treatment of the targeted behavior of symptom and/or any related illness or condition of the person. Such supports or services may include Behavior Support Plans, psychotherapy or laboratory studies.

C. Behavior Supports

1. Behavioral intervention procedures that utilize Level II and Level III interventions shall be in accordance with DHS/DSPD Administrative Rule. (See Utah Administrative Code, Rule R539-4-1-3 definitions.)
2. All Behavior Support Plans should emphasize a positive approach with effective treatment designed to acquire and maintain adaptive behaviors and prevent problem behaviors.
3. Written Behavior Support Plans shall include the following information:

- a. A summary of the Functional Behavioral Assessment:
 - i. Describing the problem behavior.
 - ii. Predicting the circumstances in which the problem behavior is most likely to occur.
 - iii. Identifying the function of the problem behavior.
- b. Baseline data.
- c. Behavioral objective written in measurable and observable terms.
- d. Behavioral intervention procedures clearly written in detail to ensure consistent implementation by staff/supporters addressing the following areas:
 - i. Prevention procedures designed to decrease the need for the problem behavior.
 - ii. Planned responses and consequences for when the problem behavior occurs, this includes safety issues and efforts to minimize reinforcement for the problem behavior.
 - iii. Teaching or increasing replacement behaviors.
 - iv. When appropriate, the Behavior Support Plan should also address generalization, maintenance, and fading procedures.
- e. When Level II and Level III intrusive procedures are used, include a rationale for the use of intrusive procedures and a plan to discontinue the intrusive intervention over time. (See Utah Administrative Code, Rule R539-4-1-3 definitions.)
- f. Name and title of the employee(s) who developed the Behavior Support Plan and identify the person who is responsible for supervising the implementation of the plan.
- g. Data collection procedures that measure progress toward the objective.
- h. Dates for review and program revisions in addition to required monthly progress notes.
- i. Graphed data of the primary problem behavior(s) updated at least every 3 months for visual analysis.
- j. The written approved Behavior Support Plan shall be available to all staff involved in implementing or supervising the Plan.

D. Representative Payee

1. As per Utah Administrative Code, Rule R539-3-5(1), persons shall have access to and control over personal funds unless the person/representative voluntarily signs a DHS/DSPD Voluntary Financial Support Agreement (Form 1-3), The Contractor's Human Rights Committee may recommend to the person's team to restrict a person's right to manage personal funds, if the person's money, health or safety is placed in jeopardy by severe mishandling, unlimited access or exploitation of funds by the person or others. The Contractor's staff shall give the person training, support and opportunities to manage finances to the maximum extent possible.
2. The Contractor's staff shall document the handling of personal funds in a way that is not harmful or embarrassing to the person and supports the intent of the income source. The team may determine how a person can be assisted with financial matters, recommend the type of financial

support a person may need and refer the person to a review by the Contractor's Human Rights Committee. The Contractor's staff should act as representative or protective payee only in a situation where no other knowledgeable, financially competent adult willing to take on the representative or protective payee responsibilities can be identified. The Contractor, with approval by the DHS/DSPD Director or designee, can submit an alternative procedure to the one listed below.

3. Upon receipt of the person's team approval or a DHS/DSPD Form 1-3, signed by the person/representative, Contractor's staff shall manage the major personal business affairs of a person. Major personal business affairs include management of personal funds, checking account, savings account, or other financial matters related to supplemental income. Any variance from procedures must be approved by the Contractor's Human Rights Committee or requested by the person/representative and documented in the AP.
4. As per R539-3-5(2), the Contractor shall follow all Social Security Administration requirements outlined in 20 CFR 416.601-665.
5. The Contractor's staff shall review financial records with the person at least monthly.
 - a. The Contractor's staff shall maintain documentation of this review in the person's records.
 - b. An accurate record shall be kept of all funds deposited with the Contractor for use by the person. This record shall contain a list of deposits and withdrawals by category of food, rent, clothing and leisure. This record shall be verifiable with receipts and/or monthly bank statements.
 - c. Purchases over \$20.00 per item shall be substantiated by receipts signed by the person and professional staff. Multiple items purchased over \$20.00 shall be verified with receipts, cancelled checks or monthly bank statements.
6. A record shall be kept of the person's petty cash funds. The amount of cash maintained in the person's petty cash account shall not exceed \$50.00 without Contractor's administrative approval. Records shall be kept of all deposits and withdrawals to the petty cash account.
7. The Contractor's staff shall assure accuracy of personal financial records through monthly review performed by someone other than the Contractor's staff authorizing expenditures. This review shall include verifying receipts of purchases of single items exceeding \$20.00 in value. A quarterly administrative review of monthly financial documentation, bank statement, receipts and purchases shall be conducted by the Contractor for a random sample of persons receiving support to ensure

adequate control of finances for all persons served by the Contractor. The Contractor's staff shall maintain documentation that proved reviews were conducted.

8. It is recommended that the Contractor protect the person's funds by using methods such as:
 - a. not writing checks for more than \$35.00 cash a week;
 - b. not using the Automatic Teller Machine for transactions; and,
 - c. not making deposits with cash back options.These actions help to protect the person's funds by establishing a bank record of the total funds received by the person and requiring the person to sign all transactions. The Contractor's Human Rights Committee may propose specific limits on a person's access to money and allowable spending amounts for the person's team review and approval.
9. The Contractor's staff must provide documentation of the handling of person's funds in a manner that is least intrusive and restrictive to the person even if the Contractor staff act as representative or protective payee of the persons funds.
10. Representative or protective payees are entitled to a reconciled financial statement of fiscal activity at least monthly.
11. Representative or protective payee's monthly statement shall be forwarded each quarter to the Support Coordinator.
12. The Contractor shall comply with DHS/DSPD representative payee records reviews.

E. Person's Personal Funds

1. A person shall not give cash to or make purchases from the Contractor or Contractor's staff. A person shall not write checks to the Contractor's staff. Only in cases of emergency, may a person write a check to repay a loan made by the Contractor. Contractor shall ensure the person has adequate access to personal finances in order to cover anticipated expenditures.
2. The Contractor's staff shall not loan or give money to a person. The Contractor shall not loan or give money to a person except in case of an emergency. A person shall not loan or give money to the Contractor's staff or the Contractor itself.
3. In the event of an emergency situation, a Contractor may write a check to the person or the person may borrow money from the Contractor. The person's support team must be notified and approve the actions of the Contractor in this situation. The Contractor's staff must document the

emergency and the person's support team approval and maintain this documentation in the person's record. The Contractor shall have policies and procedures in place to make sure a person does not continuously owe the Contractor money due to emergency situations.

4. Belongings with a purchase price or value of \$50.00 or more shall be inventoried. The inventory shall also include other items of significance to the person, which may cost less than \$50.00. The inventory shall be maintained on an ongoing basis and reviewed annually. Discarded items shall be deleted from the inventory list. Documentation of the reason for the deletion of an item shall be maintained and shall require the signature of the person/representative and one Contractor staff or two Contractor staff if the person/representative is not available. Personal possessions shall be released to the person/representative whenever the person moves.

F. Health and Safety Requirements

1. The Contractor shall assure that persons receive training, opportunities to seek and obtain routine and acute medical, dental, psychiatric, or other health-related services, as outlined in the ISP, as allowed by the person's Medicaid and insurance plans.
2. The Contractor staff shall assure persons receive training and assistance to:
 - a. Safely follow physician orders;
 - b. Know what prescribed medication is for, if the medication is the right dose, if the medication is taken properly, and know if the medication is taken according to the schedule prescribed by the person's physician; and,
 - c. Document the frequency, dosage, and type of medication taken.
3. Medications shall be properly stored according to the person's needs and capabilities, as determined by the team.
4. The Contractor staff shall immediately contact the appropriate medical professional to report the discovery of any prescribed medication error, including actual missed or suspected missed dosage, misadministration of medication, medication administered at the wrong time, etc.
 - a. Any medication errors that occur shall be documented in the person's file and reported to the Support Coordinator and Contractor's Director.
5. The Contractor shall notify the Support Coordinator and person representative within 24 hours of the development of a medical issue for any person, such as illness requiring medical appointments or emergency room visit. This does not include medical appointments for general health check-ups.
6. Any allergies the person has shall be recorded by Contractor staff in the person's medical record and disclosed to the person's primary physician.
7. Contractor staff shall assure persons receive training and assistance to:

- a. Identify primary health care practitioners; and
- b. Obtain dental and physical examinations.

G. Health and Nutrition Requirements

- 1. Persons shall have kitchen privileges with access to food and ingredients.
- 2. The Contractor staff shall assist persons in planning menus to meet basic nutritional standards, special diets, food preferences, customs, and appetites.

H. Transportation

The Contractor shall provide routine transportation to medical appointments, shopping and other community activities, based on the Contractor's and team's reasonable, professional judgment.

I. Access to Community Services

The Contractor shall assist the person in obtaining assistance from community and government organizations, including but not limited to finding housing, applying for food stamps, obtaining social security benefits, etc.

Staff Support:

CLS can include 24-hour direct care staff support. Actual type, frequency and duration of direct care staff support, and other community living supports will be defined in the person's ISP/AP based on the person's selected housing arrangement and assessed needs.

Rate:

Payments for residential services are not made for room and board, the cost of facility maintenance, routine upkeep or improvement. Personal needs costs are covered through personal income such as Social Security and other income (SSA, SSI, employment).